## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                          |       |  |     |                 |             |
|--|-------|--|-----|-----------------|-------------|
| 1 Date of Request: 8/1/05 2 Serial/Patent # 09/758,668 |       |  |     |                 |             |
| the state of the following fee(s):                     |       | 4 PAP<br>NUM                           |     | 5 DATE<br>FILED | 6 AMOUNT    |
| Filing   |       |  |     |                 | \$          |
| Amendment  |       |  |     |                 | \$          |
| Extension of Time                                      |       |  |     |                 | \$          |
| Notice of Appeal/Appeal                                |       |  |     |                 | \$          |
| Petition   |       | 15                                     |     | 5/18/04         | \$ 1330     |
| Issue  |       |  |     |                 | \$          |
| Cert of Correction/Terminal                            | Disc. |  |     |                 | \$          |
| Maintenance  |       |  |     |                 | \$          |
| Assignment   |       |  |     |                 | \$          |
| Other  |       |  |     |                 | \$          |
|  |       | 7 TOTAL AMOUNT<br>OF REFUND \$ / 3 3 0 |     |                 |             |
|  |       | 8 TO BE REFUNDED BY:                   |     |                 |             |
| 10 REASON:   |       | Treasury Check                         |     |                 |             |
| Overpayment  |       |  | c   | redit Dep       | osit A/C #: |
| Duplicate Payment                                      |       |  | 9 = | 23 1            | 925         |
| No Fee Due (Explanation):                              |       | L                                      |     |                 |             |
| get dismissed on most.                                 |       |  |     |                 |             |
|  |       |  |     |                 |             |
|  |       |  |     |                 |             |
| 11 REFUND REQUESTED BY:                                |       |  |     |                 |             |
| SIGNATURE: WAN LAYMON TITLE: Pet lyan PHONE:           |       |  |     |                 |             |
| SIGNATURE: PHONE:                                      |       |  |     |                 |             |
| OFFICE:  |       |  |     |                 |             |
| THIS SPACE RESERVED FOR FINANCE USE ONLY:  APPROVED:   |       |  |     |                 |             |
|  |       |  |     |                 |             |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B